

# Covered Drugs at \$0 Cost Share

(December 2017)

The Affordable Care Act (ACA) requires health insurance plans to cover certain drugs, such as aspirin, female contraceptives, folic acid, iron supplements, oral fluoride agents, vaccines and tobacco cessation products, at \$0 (no charge). **Covered over-the-counter (OTC) products require a prescription to have coverage under your pharmacy benefit.** These ACA benefits apply to most, but not all, employer groups. Check your plan documents or log into your health plan's website and use the drug coverage and cost tools to determine coverage for a particular drug.

Female Contraceptives	Vaccines	Other
<b>Oral Contraceptives (birth control pills)</b>	Diphtheria-Tetanus Toxoid and Pertussis Vaccine	<b>Aspirin:</b> Coverage is for OTC generics for members ages 12–79. Maximum of one dose per day of 81 mg, 162 mg or 325 mg tablets or capsules. No coverage for buffered aspirin, powders, suppositories or effervescent tablets.
All generic oral contraceptives (birth control pills) are available at \$0 if your plan has ACA benefits. Some brand oral contraceptives that do not have a generic alternative are also covered, such as Lo Loestrin.	Diphtheria-Tetanus Toxoids (DT)	<b>Bowel Preparations for Colonoscopy:</b> Halflytely, Moviprep, Prepopik, Suprep ( <i>Only members ages 50–75 have \$0 coverage</i> ).
<b>Other Female Contraceptives</b>	Diphtheria, Pertussis and Tetanus	<b>Breast Cancer Prevention:</b> We cover generic tamoxifen and raloxifene for females ages 35 and older.
<b>Cervical Cap:</b> FemCap, Prentif, Prentif Fitting Kit	Haemophilus B Polysaccharide Conjugate	<b>Folic Acid:</b> We cover prescription generics or OTC products for females only. Max one dose per day of 0.4 and 0.8 mg strength. This coverage does not include prenatal vitamins or combination products.
<b>Diaphragms:</b> Omniflex Diaphragm, Ortho Coil Spring Kit, Ortho Flat Spring Kit, Ortho Flex, Wide-Seal	Hepatitis A (Inactivated) - Hepatitis B (Recomb)	<b>Iron Supplements:</b> Oral liquid dosage forms of single ingredient only. We cover OTC generics and brands with prescription for those up to age 1 only.
<b>Emergency Contraception:</b> Ella, Next Choice	Hepatitis A Vaccine	<b>Oral Fluorides:</b> We cover OTC generics and brands for those up to age 1 only. Includes oral liquid dosage forms of single-ingredient products only.
<b>Female Condom:</b> FC2 Female Condom	Hepatitis B Vaccine (Recomb)	<b>Tobacco Cessation:</b> We cover prescription products (Chantix, generic Zyban (bupropion SR 150 mg), Nicotrol nasal spray and Nicotrol inhaler) with prior authorization. We cover OTC products (nicotine patches, gum and lozenges) with prescription. Limit of 30-day supply for each prescription filled. Maximum therapy of 180 days per each 365-day period.
<b>Implantable Rod:</b> Nexplanon	Human Papillomavirus (HPV)	<b>Vitamin D:</b> Only those ages 65 and older have \$0 coverage. Includes OTC with prescription.
<b>Intrauterine Device (IUD):</b> Mirena, Paragard	Influenza	<b>Statins:</b> Coverage is for atorvastatin (10mg, 20mg); fluvastatin (20mg, 40mg); fluvastatin er (80mg); lovastatin (10mg, 20mg, 40mg); pravastatin (10mg, 20mg, 40mg, 80mg); rosuvastatin (5mg, 10mg); simvastatin (5mg, 10mg, 20mg, 40mg). Only those ages 40-75 have \$0 coverage.
<b>Patch:</b> Xulane	Measles-Mumps-Rubella-Varicella Virus Vaccine	
<b>Shot/Injection:</b> Medroxyprogesterone AC (generic Depo-Provera)	Measles, Mumps and Rubella Virus Vaccines	
<b>Spermicide:</b> Conceptrol Gel , Gynol II Gel, Encare Suppositories, Shur-Seal Gel, VCF Vaginal Contraceptive Film	Meningococcal	
<b>Sponge:</b> Today Sponge	Pneumococcal	
<b>Vaginal Contraceptive Ring:</b> NuvaRing	Polio Vaccine	
	Recombivax HB	
	Rotavirus Vaccine	
	Tetanus Toxoid	
	Tetanus-Diphtheria Toxoids (TD)	
	Varicella Virus Vaccine Live	
	Zoster (Shingrix, Zostavax)	

We will review this list periodically and it is subject to change.

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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